

Paul Kuster, Au.D. • Doctor of Audiology

Hearing Health Report

Patient's Name _____ Today's Date _____

Gender Male Female Date of Birth _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Occupation _____ Past Present

Insurance Carrier _____ I.D. No./Policy No. _____

Marital Status Single Married Widowed Name of Spouse _____

Name of Observing Party _____ Relationship _____

Name of Family Physician _____

Permission to release a copy of test information to physician? Yes No

How did you hear about us? Mail Phone Newspaper Yellow Pages Television Web Physician Referral _____

Hearing Health History

Do you have any allergies? Yes No If yes, please list _____

Are you an insulin-dependent diabetic? Yes No

Are you currently taking medication? Yes No If yes, please list _____

Do you have arthritis? Yes No

Do you have any ringing in your ear(s)? Yes No If yes, which ear? _____

Have you previously had a hearing test? Yes No If yes, by whom? _____ Date _____

Have you received any medical or surgical treatment for a hearing loss? Yes No

Additional information about treatment: _____

Amplification History

Are you a current hearing aid wearer? Yes No Type _____ Ear fitted: Both Left Right

If yes, and you could improve something about your current hearing instruments, what would that be? _____

Please Answer the following questions by checking the appropriate response:

	Yes	Sometimes	No
1. I have a problem hearing over the telephone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have trouble following the conversation when two or more people are talking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. People complain that I turn the TV volume too high.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have to strain to hear conversations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I miss hearing some common sounds like the phone or doorbell.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have trouble hearing conversations in a noisy background.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I misunderstand some words in a sentence and need to ask people to repeat themselves.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I misunderstand some words in a sentence and need to ask people to repeat themselves.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have trouble understanding women and children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have worked in noisy environments.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. People seem to mumble.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. People get annoyed because I misunderstand what they say.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I misunderstand what others are saying and make inappropriate remarks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I avoid social activities because I cannot hear well and fear that I'll reply improperly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cerumen Removal Consent Form

Dr. Paul Kuster may decide it would be best to remove ear wax from your ear canal. Removing ear wax is something that should be done by a professional. It is not without risk. Certain risk factors may make it more likely for you to incur complications such as bleeding and irritation. These complications may occur even if you have no risk factors but these complications are not life threatening. The process of wax removal can involve discomfort, bleeding, hearing loss and tinnitus. If you decide you do not want to have your wax removed at any time, you may stop the procedure.

By Signing this form of consent, you are agreeing to release Ascent Audiology & Hearing - Fredericksburg it's owners, officers, directors, employees and representatives from any complications arising from the removal of ear wax from your ear canal as explained above, You represent and warrant that you have the right, power, legal capacity and requisite authority to enter into this consent and release and will sign any additional documents to make its provisions fully effective. You acknowledge that you have read and voluntarily enter into this consent and release and understand its meaning and acknowledge that it is binding upon you, your legal representative, heirs, and assigns.

Signature

Date

Notice of Privacy Policy of Northland Hearing Centers Inc., ,

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ARE MY MEDICAL RECORDS CONFIDENTIAL?

Northland Hearing Centers Inc., is committed to our patients; 'right to privacy'. All information regarding your condition, diagnosis or treatment is strictly confidential and will only be released with your written consent to your primary care physician, family, friends, employers, attorneys or insurance companies.

HIPAA

NOTICE OF PRIVACY PRACTICES IN THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

During your treatment at Northland Hearing Centers Inc., members of its staff may gather information about your medical history and your current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by Northland Hearing Centers Inc. We are required by law to make sure that medical information identifies you is kept private, give you this notice of our legal duties and privacy practices with respect to medical information about you, and follow the terms of the notice that is currently in effect.

Your medical information may be used and disclosed for the following purposes:

Treatment: We may use your information to provide, coordinate and manage your care and treatment. For example, a Northland Hearing Centers Inc., staff member may share your medical information with another health care provider for a consultation or a referral.

Payment: We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or another third party. For example, we may need to give your health plan information about treatment you received at Northland Hearing Centers Inc., so that your health plan will pay for or reimburse you for treatment.

Health Care Operations: We may use and disclose medical information about you for Northland Hearing Centers Inc., health care operations. Health care operations are the uses and disclosures of information that are necessary to run Northland Hearing Centers Inc., and to make sure that all of our patients receive quality care. For example, we may use medical information to evaluate the performance of our staff in caring for you.

Appointment Reminders and other health information: We may use your medical information to send you reminders about future appointments. We may also contact you about new or alternative treatments or other hearing health care services.

To People Assisting in your care: Northland Hearing Centers Inc., will only disclose medical information to those taking care of you helping your to pay your bills or other close family members or friends if these people need to know this information to help you: and then only to the extent permitted by law. We may, for example, provide limited medical information to allow a family member to pick up a hearing device for you. If you are able to make your own health care decisions, Northland Hearing Centers Inc., will ask your permission before using your medical information purposes. If you are unable to make health care decisions, Northland Hearing Centers Inc., will disclose relevant medical information to family members or other responsible party if we feel it is in your best interest to do so, including an emergency situation.

Research: Federal Law permits Northland Hearing Centers Inc., to use and disclose medical information about you for research purposes, either with your specific written authorization, or where allowed by state law when an Institutional Review Board before has reviewed the study for privacy protection the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or potential participants are appropriate. If required to do so by applicable law, we will obtain your consent before we disclose your health information to an outside researcher.

To Business Associates: Some services are provided by or to Northland Hearing Centers Inc., through contracts with business associates. Examples include Northland Hearing Centers Inc., attorneys, consultants, collection agencies, and accreditation organizations. We may disclose information about you to our Business Associates so that they can perform the job we have contracted them to do.

In all of the situations described above, where law required to do so by law, Northland Hearing Centers Inc., will obtain written permission prior to disclosing your health information.

Your Medical Information may be released in the following special situations: We may also use or disclose your information, without your permission, for the following purposes to the extent permitted or required by law:

Notice of Privacy Policy of Northland Hearing Centers

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- * Under emergency conditions to government or other groups assisting in emergencies or disasters;
- * When required by law
- * For public health activities including, without limitation, to report disease and vital statistics, child abuse and adult abuse or neglect or domestic violence;
- * For health oversight activities, such as activities of state licensing and peer review authorities, and fraud prevention enforcement agencies;
- * For judicial and administrative proceedings;
- * To avert a serious threat to health or safety
- * To law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies and identifying and locating suspects or other persons.
- * For certain specialized government functions, such as military discharge;
- * To the military, to federal officials for lawful intelligence, counterintelligence; national security activities and to correctional institutions and law enforcement regarding persons in lawful custody;
- * As authorized by the state's worker's compensation laws.

In all of the situations described above, where required to do so by law, Northland Hearing Centers Inc., will obtain your specific written permissions prior to disclosing HIV-related information, mental health records, drug or alcohol abuse records or any other type of record given explicit additional protections under applicable state law.

You have the following rights regarding medical information we maintain about you:

* **Right to inspect and copy:** you have the right to inspect and receive a copy of your medical information that is used to decisions about your care. Usually, this includes medical and billing records maintained by Northland Hearing Centers Inc. If you wish to inspect and copy medical information you must complete and return a 'Request to Inspect and Copy Form' (a copy is available upon request). If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request to the extent permitted by state and federal law. We may deny your request to inspect and copy your information in certain very limited circumstances. For example, we may deny access if your physician believes it will be harmful to your health or could cause a threat to others. If you are denied access to medical information you may request that the denial be reviewed by another health care provider chosen by the person who denied your request. We will comply with the outcome of the review.

* **Right to Request Amendment:** If you believe that the medical information we have about you is incorrect or complete you have the right to ask us to change the information. You have the right to request an amendment for as long as the information is kept by or for Northland Hearing Centers Inc. To request a change to your information you must complete and return a 'Request for Amendment Form' (a copy is available upon request) In addition you must provide a reason that supports your request Northland Hearing Centers Inc., may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- * Was not created by Northland Hearing Centers Inc., unless the person or entity that created the information is not available to make the amendment.
- * Is not part of the medical information kept by or for Northland Hearing Centers Inc.
- * Is not part of the information which you would be permitted to inspect and copy; or
- * Is inaccurate or incomplete

* **Right to an accounting of Disclosures:** You have the right to request an 'Accounting of Disclosures'. This is a list of the disclosures we have made of medical information about you. This list will not include disclosures for treatment, payment, and health care options; disclosures that you have authorized or that have been made by you; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institutions or by law enforcement with custody of you; disclosures that took place before April 14,2003; and certain other disclosures.

To request this list of disclosures, you must complete and return a 'Request for Accounting of Disclosures Form' (a copy is available upon request). Your request must state a time period for which you would like accounting. The accounting period may not go back further than six years from the date of the request and it may not include dates before April 14, 2003. You may receive one free accounting in any 12-month period. We will charge you for additional requests.

You may contact our privacy officer at:
Northland Hearing Centers Inc.
8800 SE Sunnyside R., N-300
Portland, OR 97015
Ph: (503) 659-5115 Fax: (503) 653-9128

Acknowledgment of Notice of Privacy Practices

By my signature below, I hereby acknowledge that I have received a copy of the Notice of Privacy Practices. I have read, understand and I have had an opportunity to ask questions about the use and disclosure of my protected health information, and other concerns regarding my protected health information.

Signature of Patient (or patient's representative)

Date

Printed Name

Legal Authority of Representative